

Affidavit Verifying Status for City Public Benefit Application (SAVE)

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Updated SEPT 2023

Affidavit

referenced in	O.C.G.A. § 50-36-1, fron	as an applicant for an Alcohol Licer n the City of Pooler, Georgia, the un		
or the following	ig with respect to my app	plication for public benefit.		
Check One:] I am a United States c	itizen.		
] I am a legal permanen	t resident.		
	Alien Number Issued b	y the Department of Homeland Sec	urity or Other Federal Agency	
Г	☐ I am qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.			
	Alien Number Issued b	y the Department of Homeland Sec	urity or Other Federal Agency	
secure and ver		iired by O.C.G.A. § 50-36-l(e)(l), wi	e or older and have provided at least one ith this affidavit. The secure and verifiabl	
Type of Docum	nent			
makes a false,	, fictitious, or fraudulent	der oath, I understand that any per statement or representation in an a nal penalties as allowed by such crin	ffidavit shall be guilty of a violation	
Authorized Off	ficer or Agent Name	Applicant Signature	Date of Execution	
Name of Busir	ness			
Notary Public				
Subscribed an	d Sworn This Day Of			
Notary Name		Notary Signature	Commission Expiration	
			Seal	